I Abstract

The Massachusetts Department of Public Health (MDPH) Bureau of Laboratory Sciences (BLS) and the Bureau of Infectious Diseases Prevention Response and Services (BID) are deploying several PHIN-compliant interoperable systems to improve the flow of critical information between state and local public health and clinicians. These include a web-based disease surveillance system, **The Massachusetts Virtual Epidemiologic Network** (MAVEN), an electronic laboratory and health record reporting infrastructure and the State Laboratory Information Systems (SLIS). BLS and BID have complementary roles in the MDPH integrated public health surveillance and response system, with BLS producing test results, and BID receiving test results for analysis and subsequent action. As such, an effective mechanism for timely transfer of laboratory test data to BID is a critical component to the operations of both Bureaus.

These systems are designed to improve the timeliness and accuracy of health information communications and to increase and improve information sharing between local, state and federal entities as well as our public health partners, including clinical laboratories and clinical care sites. Each of these systems is operational which allows MDPH to quickly start proposed activities by hiring additional staff and initiating new contracts.

MDPH is strategically positioned to further build upon its existing IT infrastructure and interoperability exchange capacity to satisfy Stage 1 Meaningful Use criteria as setout in the Centers for Medicare and Medicaid Services Meaningful Use. This additional capacity will allow MDPH to successfully enhance and expand the electronic exchange of laboratory orders and test results, and clinical and laboratory data related to notifiable diseases among public health agencies, hospitals, reference laboratories, CDC, and other health care partners. Funds are requested to engage new staff to provide infrastructural support for these systems, as well as augment functionality, and expand the number of public health partners utilizing these systems.